DEPARTMENT OF THE ARMY REGIONAL CORRECTIONS FACILITY FORT LEWIS, WASHINGTON 98433

AFZH-MPC-A

Inmate	h	has placed you on his visitation card.				
In order to autho To be furnished				formation	needs	
1. Full Name:	First	/_ Full M	iddle	/Last		-
2. SSN:		Date of	Birth	y Month	_/_ Year	
3. Place of Birth: 4. Alias / Name: _	City	Sta	 ate /_			
5. Race:			Idle	Last		
6. Relationship:7. Length of Rel				_		
8. Current Phon	e number: (_	Days Montl	hs Years 			
9. Current address: City:						
10. Mother's Full	Maiden Nam	e: First	/_ Fu	II Middle		Last
If all information	is true, ple	ase sign, date	and return			
Return Address	Prisoner Servic Regional Corre Fort Lewis, Wa	ections Fac	,	3		
Signature		Date				

All information must be complete and typed. This information will be used for security reasons. If you have any questions regarding the above information, contact the Prisoner Service Branch at (253) 967-5177